

Westonwood Ranch Volunteer Form

Please fill out completely and return either by hard copy at the ranch or email to volunteer@westonwood.org.

Any questions, please email volunteer@westonwood.org.



WESTONWOOD
RANCH

General Information:

Name: _____

Date: _____ Date of Birth: _____

Weight: _____ Height: _____

Contact Information:

Street Address: _____

City: _____ State: _____ Zip code: _____

Email: _____

Home Phone: _____ Cell phone: _____

Preferred method of contact: Home: Cell: Text message: Email:

Questionnaire:

Do you have experience with horses? If so, please describe. _____

Do you have experience with people with disabilities? If so, please describe. _____

Affiliations (clubs, associations, etc.): _____

How did you learn about our program? _____

Do you have any physical limitations that would prevent you from leading a horse, walking alongside a horse, or jogging beside the horse? Please explain. _____

Please list two non-family references:

Name: _____ Phone: _____

Name: _____ Phone: _____

Confidentiality Clause:

As with all medical and legal records, the information on Westonwood Ranch participants and volunteers is protected with the greatest confidentiality. By my signature below I state that I understand the confidential nature of all records maintained by the Westonwood Ranch Therapeutic Riding Program, and I agree not to disclose or divulge any information contained in these records.

Volunteer Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(If volunteer is under 18 years of age)

Background Check Authorization:

Due to the nature of our program, we reserve the right to conduct background checks on all volunteers. Note: All information is held confidential. Please fill out the authorization and information below, sign and date.

Driver's License # and State: _____

SSN: _____

Have you ever been arrested for or convicted of a crime including sex-related or child abuse related offenses? Circle one: Yes or No

Volunteer Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(If volunteer is under 18 years of age)

(Your signature above authorizes the background check)

Liability Release:

_____ (Volunteer's Name) would like to volunteer for the Westonwood Ranch therapeutic riding program. I acknowledge the risks and potential for risks of horses and horseback riding. However, I feel that the possible benefits to myself/my child/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Westonwood Ranch, their Board of Directors, Instructors, Therapists, Aides, Volunteers, and/or Employees for any and all injuries and/or losses I/my child/my ward may sustain while volunteering at any Westonwood Ranch program. I understand that for the purpose of assisting volunteers in providing safe and responsible services to students, Westonwood Ranch will release information pertaining to the student's disability as necessary.

Volunteer Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(If volunteer is under 18 years of age)

Photo Release: Please initial one and sign.

_____ I hereby consent to and authorize without any compensation the use and reproduction by Westonwood Ranch of any and all photographs and any other audiovisual materials taken of me/my child/my ward for promotional printed material, educational activities, or for any other use for the benefit of the program.

_____ I do NOT consent to any photograph or other audiovisual materials taken of me/my child/my ward.

Volunteer Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(If volunteer is under 18 years of age)

*Westonwood Ranch Equine Activity Release/Waiver,
Assumption of Risks and Indemnification*

WAIVER AND RELEASE OF LIABILITY

I, _____, do hereby:

1. RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE Westonwood Ranch, their operators, horse owners, and each of them, their officers, agents, employees, leasees, and participants (all hereafter collectively referred to as RELEASEES) from any and all claims, loss, damage, and liability to the UNDERSIGNED, his/her personal representatives, assigns, heirs, next of kin, or anyone claiming through them, arising out of any liability or negligence of RELEASEES which causes the UNDERSIGNED injury, death, damages, or property damages. I HEREBY COVENANT to hold RELEASEES harmless and indemnify RELEASEES for any claim, judgment, or expense including attorney's fees and costs of litigation RELEASEES may incur arising out of my activities or presence, or travel to or from, at or on the farm or on the property of RELEASEES.

2. UNDERSTAND that my entry onto the farm or premises of RELEASEES, riding, horse leading or sidewalking involves DANGER AND RISK OF INJURY OR DEATH, that conditions of horseback riding and horses change from time to time and may become more HAZARDOUS, and that there is INHERENT DANGER in horse and riding which I appreciate and VOLUNTARILY ASSUME because I CHOOSE TO DO SO. I have observed horses and riding of the type that I seek to participate in and I have inspected the grounds, horse, and equipment provided. I further know that other riders, horses, and participants pose a danger to me; nevertheless, I VOLUNTARILY ELECT TO ACCEPT ALL RISKS connected therewith in my participation.

3. I verify that no representations or inducements have been made to me to sign this Release. I further expressly agree that the foregoing RELEASE, WAIVER, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as permitted by the law of the state in which I participate in activities conducted by the RELEASEES and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

WARNING

Under Florida law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.

The undersigned has read, voluntarily signed, and understands that this release and waiver of all liability and indemnity agreement fully releases Westonwood Ranch from any liability to the undersigned.

Volunteer's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(If volunteer is under 18 years of age)

Volunteer Emergency Medical Treatment Form

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Physician's Name: _____

Health Insurance Co.: _____

Preferred Medical Facility: _____

Name of Parent/Guardian/Spouse: _____

Address: _____

Phone (Home, Work, & Cell): _____

Please list current medications: _____

Please list any ongoing medical conditions: _____

Emergency Medical Treatment

In the event emergency medical aid/treatment is required due to illness or injury while volunteering on the Westonwood Ranch property, Westonwood Ranch will provide treatment and call 911 and contact the family to inform them about the accident.

In case of emergency:

Contact: _____

Phone: _____

Contact: _____

Phone: _____